



City of Novato Parks, Recreation & Community Services Department
Margaret Todd Senior Center & Novato Senior Citizens Club
2010 - 2012 Medical Emergency Information

Copied _____

Last Name (print): _____ First Name: _____

Home Phone: _____ Cell Phone: _____ Birth Date: _____

Address: _____

Personal Physician's Name: _____ Phone: _____

Address: _____

Medical Insurance: _____ Policy #: _____

Do you have a condition which may require special medical treatment? Yes ___ No ___ If yes, please specify _____

Do you require regular medication? Yes ___ No ___ If yes, please specify medication, dosage and condition being treated _____

Do you use a wheelchair, walker, cane, and/or need assistance walking or climbing stairs? Yes ___ No ___ If yes, please specify _____

Emergency Contact - Name: _____ Relationship: _____ Phone: _____

Liability Waiver/Medical Treatment Consent

In consideration for my and/or any of my family members' participation in the City of Novato's recreation program(s) that I wish to register for, I voluntarily RELEASE the CITY OF NOVATO, REDEVELOPMENT AGENCY OF THE CITY OF NOVATO, CITY OF NOVATO PUBLIC FINANCE AUTHORITY AND THEIR RESPECTIVE OFFICIALS, OFFICERS, AGENTS, EMPLOYEES, VOLUNTEERS AND THE NOVATO SENIOR CITIZENS CLUB (hereinafter referred to as "RELEASEES") from any and all liability for injuries or death or property damage to me and/or my family members resulting from, arising out of, or in any way connected with my and/or any of my family members' participation in the City of Novato's recreation program(s) or use of the RELEASEES' facilities in connection with this/these program(s). I understand that this WAIVER and RELEASE is applicable even though the negligent activities of the RELEASEES may have contributed to the injury or death or property damage suffered by me or any of my family members participating in this/these program(s). I further agree to DEFEND, INDEMNIFY and HOLD HARMLESS the RELEASEES from and against any and all liability, claims, causes of action, and/or losses of any nature or kind (including litigation-related expenses such as attorney and expert witness fees) resulting from, or in connection with, participation in this/these program(s) whether caused by any negligent act or omission of the RELEASEES.

I further understand that serious accidents may occur in the City of Novato recreation program(s) that I am registering for, that participants in this/these program(s) may sustain mortal or serious personal injuries, and/or property damage, as a consequence of their participation in this/these program(s). Knowing the risks of said event, nevertheless, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS TO THE FULLEST EXTENT ALLOWED BY LAW ALL OF THOSE PERSONS MENTIONED ABOVE WHO THROUGH PASSIVE OR ACTIVE NEGLIGENCE OR CARELESSNESS MIGHT OTHERWISE BE LIABLE TO ME FOR DAMAGES.

It is further understood and agreed that this waiver, release, hold harmless and indemnification agreement is to be binding on me, any of my participating family members, and all of our heirs, representatives, and assigns.

I hereby authorize qualified physicians to render medical treatment or care that they may deem necessary for me or my family members in case of illness or accident during such program(s).

By my signature below, I signify that I have read, understand, and voluntarily agree to be bound by each of the terms stated above.

Signature _____ Date _____